



LT Environmental, Inc.

4600 West 50th Avenue  
Arvada, Colorado 80003  
(303) 433-9756

August 29, 2019

United States Environmental Protection Agency Region 8  
Director, Air and Toxics Technical Enforcement Program  
Office of Enforcement, Compliance, and Environmental Justice  
Mail Code 8ENF-AT  
1595 Wynkoop Street  
Denver, Colorado 80202-1129

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SEP 16 2019

Enforcement and Compliance  
Assurance Division

RE: **NSPS Subpart OOOOa Annual Report**  
**FB-1233 Compressor Station**  
**Thunder Creek Gas Services, LLC**

WJ

To Whom It May Concern:

On behalf of Thunder Creek Gas Services, LLC, LT Environmental, Inc. (LTE) is submitting the attached annual report in accordance with 40 Code of Federal Regulations (CFR) New Source Performance Standard (NSPS) Subpart OOOOa. This report covers the July 27, 2018, through July 26, 2019, reporting period for the FB-1233 Compressor Station. Attachment 1 includes the appropriate portions of the EPA provided reporting template, and the signed certification of completeness by a responsible official is in Attachment 2.

Please do not hesitate to contact me at (303) 962-5537 or [gfast@ltenv.com](mailto:gfast@ltenv.com) if you have any questions or require additional information.

Sincerely,

LT ENVIRONMENTAL, INC.

(b) (6)

Ginger Fast  
Project Air Quality Scientist

cc: Mr. Brian Peters — TCGS Denver (electronic file)  
Mr. Hayden Truscott — TCGS Denver (electronic file)  
Ms. Ashley Campsie — Evergreen Environmental Engineering (electronic file)

Attachments:

Attachment 1 NSPS OOOOa Annual Report  
Attachment 2 Certification by Responsible Official





## ATTACHMENT 1: NSPS OOOOa ANNUAL REPORT

40 CFR Part 60 - Standards of Performance for Gaseous and Natural Gas Facilities for which Construction, Modification or Reconstruction Commenced After September 18, 2015 - 40 CFR 60.100 Annual Report

For each affected facility, an owner or operator must include the information specified in paragraphs (b)(1)(i) through (i) of this section in all annual reports:

The asterisk (\*) next to each field indicates that the corresponding field is required.

FACILITY INFORMATION										ALTERNATIVE ADDRESS INFORMATION (IF NO PHYSICAL ADDRESS AVAILABLE FOR LITE 1)			REPORTING INFORMATION		PL Certification	ADDITIONAL INFORMATION		
Facility Record No. *	Compressor Record *	Facility Site Name *	US HWID or US HWID Associated with the Affected Facility, if available *	Address of Affected Facility *	Address 2	City *	County *	State Abbreviation *	Zip Code *	Responsible Agency Facility ID (State Facility Identifier)	Description of Site Location (840.142(a)(3)(i))	Latitude of the Site (decimal degrees to 5 decimal places using the North American Datum of 1983) (840.142(a)(3)(ii))	Longitude of the Site (decimal degrees to 5 decimal places using the North American Datum of 1983) (840.142(a)(3)(iii))	Reporting Date of Reporting Period *	Ending Date of Reporting Period *	Please provide the file name that contains the certification signed by a qualified professional engineer for each closed vent system routing to a control device or process. * (840.142(a)(1)(ii)) Please provide only one file per record.	Please enter any additional information.	Enter associated file name reference.
e.g. ABC Company	e.g. XYZ Compressor Station	e.g. 123 Main Street	e.g. 123 Main Street	e.g. 123 Main Street	e.g. Suite 100	e.g. Brooklyn	e.g. Kings County	e.g. NY	e.g. 11221	e.g. 123 Main Street	e.g. 7 miles NE of the intersection of Hwy 123 and Hwy 456	e.g. 34.12345	e.g. -101.12345	e.g. 06/01/2018	e.g. 06/30/2018	e.g. Certification.pdf XYZCompressorStation.pdf	e.g. additional information	e.g. additional information
1. Thunder Creek Gas Sen. PB-1233 Compressor S. N/A	N/A	N/A	N/A	N/A	N/A	Campbell	WY	N/A	82510	6 miles SE of Reno Junction	(b) (9)			7/27/2018	7/28/2018 N/A	Cover Letter	Cover Letter.pdf	

40 CFR Part 60 Standards of Performance for Certain Oil and Natural Gas Facilities for which Construction, Modification or Reconstruction Commenced After September 18, 2015 - 60.542(b)(5) Annual Report  
For the collection of fugitive emissions components at each well site and the collection of fugitive emissions components at each compressor station within the company defined area, an owner or operator must include the records of each monitoring survey including the information specified in paragraphs (b)(7)(i) through (iv) of this section in all annual reports.

The asterisk (\*) next to each field indicates that the corresponding field is required.

Facility Record No. * (Define from: <i>disposition file - not used for record use</i> )	Identification of Each Affected Facility * (60.542(b)(3)(i))	Date of Survey * (60.542(b)(3)(ii))	Survey Begin Time * (60.542(b)(3)(iii))	Survey End Time * (60.542(b)(3)(iv))	Name of Surveyor * (60.542(b)(3)(v))	Ambient Temperature During Survey * (60.542(b)(3)(vi))	Site Conditions During Survey * (60.542(b)(3)(vii))	Maximum Wind Speed During Survey * (60.542(b)(3)(viii))	Monitoring Instrument Used * (60.542(b)(3)(ix))	Deviations From Monitoring Plan (If none, state none) * (60.542(b)(3)(x))	Type of Component for which Fugitive Emissions Detected * (60.542(b)(3)(xi))	Number of Each Component Type for which Fugitive Emissions Detected * (60.542(b)(3)(xii))	Type of Component Not Reported as Required in 60.542(b)(3)(xi) * (60.542(b)(3)(xiii))	Number of Each Component Type Not Reported as Required in 60.542(b)(3)(xi) * (60.542(b)(3)(xiv))
e.g. Well Site ABC	e.g. 67517	e.g. 10/07/2015	e.g. 1:00 pm	e.g. 10:00 PM	e.g. JCT	e.g. 50°F	e.g. Sunny, no clouds	e.g. 2 mph	e.g. Camera RCL optical gas imaging camera	e.g. None	e.g. Valve	e.g. 1	e.g. Valve	e.g. 1
1 RB-1203 Compressor		6/29/2015	9:03 AM	10:33 AM	(b)(6)	59°F	Clear	7 mph	FLIR GF320-DS Camera	None	Connector	2	N/A	0
1 RB-1203 Compressor		6/29/2015	9:23 AM	10:33 AM	(b)(6)	59°F	Clear	7 mph	FLIR GF320-DS Camera	None	Valve	1	N/A	0
1 RB-1203 Compressor		10/29/2015	4:50 PM	5:50 PM	(b)(6)	49°F	Cloudy	25 mph	FLIR GF320-DS Camera	None	Connector	2	N/A	0
1 RB-1203 Compressor		10/29/2015	4:50 PM	5:50 PM	(b)(6)	49°F	Cloudy	25 mph	FLIR GF320-DS Camera	None	Connector	1	N/A	0
1 RB-1203 Compressor		5/5/2015	11:05 AM	12:45 PM	(b)(6)	21°F	Clear	6 mph	FLIR GF320-DS Camera	None	Valve	1	N/A	0
1 RB-1203 Compressor		5/5/2015	11:05 AM	12:45 PM	(b)(6)	21°F	Clear	6 mph	FLIR GF320-DS Camera	None	Pressure relief device	1	N/A	0
1 RB-1203 Compressor		5/5/2015	11:05 AM	12:45 PM	(b)(6)	21°F	Clear	6 mph	FLIR GF320-DS Camera	None	Instrument	1	N/A	0
1 RB-1203 Compressor		5/5/2015	11:05 AM	12:45 PM	(b)(6)	21°F	Clear	6 mph	FLIR GF320-DS Camera	None	Compressor	1	N/A	0
1 RB-1203 Compressor		5/11/2015	11:05 AM	12:20 PM	(b)(6)	33°F	Snow	5 mph	FLIR GF320-DS Camera	None	Connector	1	N/A	0
1 RB-1203 Compressor		5/11/2015	11:05 AM	12:20 PM	(b)(6)	33°F	Snow	5 mph	FLIR GF320-DS Camera	None	Valve	1	N/A	0
1 RB-1203 Compressor		5/11/2015	11:05 AM	12:20 PM	(b)(6)	33°F	Snow	5 mph	FLIR GF320-DS Camera	None	Connector	1	N/A	0

2020										Companion Inshore-Affected Facility Site	
Type of Difficulties Monitor Component Monitored *	Number of Each Difficult Conditions Component Type Monitored *	Type of Difficulties Monitor Component Monitored *	Number of Each Difficult Conditions Component Type Monitored *	Date of Successful Repair of Each Difficult Component *	Type of Component Repaired on Date of Repair * (IMO 3429627) (Y/N)	Number of Each Component Type Repaired on Date of Repair *	Reason for Delay of Repair *	Type of Instrument Used to Verify Results of Component Test Result During Repair Series *	Training and Experience of Surveyor * (IMO 3429627) (Y/N)	Was a monitoring survey conducted under 1 IMO 3429627? *	Was a monitoring survey conducted under the specific monitoring period by the monitoring survey was conducted? *
e.g. Y/N	e.g. 1	e.g. Y/N	e.g. 1	e.g. 11/10/20	e.g. Y/N	e.g. 1	e.g. Difficult to repair and not available	e.g. Computer with optical gun measuring system	e.g. Trained thermographer, completed Ashford course at EVE Training Center, has 12 years of experience with OED software	e.g. Yes	e.g. Semi-regular and Monthly
N/A	0	N/A	0	6/19/2019	N/A	0	N/A	N/A	3 years of experience conducting OED surveys	No	N/A
N/A	0	N/A	0	6/19/2019	N/A	0	N/A	N/A	3 years of experience conducting OED surveys	No	N/A
N/A	0	N/A	0	10/29/2019	N/A	0	N/A	N/A	3 years of experience conducting OED surveys	No	N/A
N/A	0	N/A	0	11/10/2019	N/A	0	N/A	Inspected 22 Section 8.0.1 Surveys	3 years of experience conducting OED surveys	No	N/A
N/A	0	N/A	0	6/5/2019	N/A	0	N/A	3 years of experience conducting OED surveys	3 years of experience conducting OED surveys	No	N/A
N/A	0	N/A	0	9/5/2019	N/A	0	N/A	3 years of experience conducting OED surveys	3 years of experience conducting OED surveys	No	N/A
N/A	0	N/A	0	6/5/2019	N/A	0	N/A	3 years of experience conducting OED surveys	3 years of experience conducting OED surveys	No	N/A
N/A	0	N/A	0	9/7/2019	N/A	0	N/A	Inspected 22 Section 8.0.1 Surveys	3 years of experience conducting OED surveys	No	N/A
N/A	0	N/A	0	6/16/2019	N/A	0	N/A	3 years of experience conducting OED surveys	3 years of experience conducting OED surveys	No	N/A
N/A	0	N/A	0	10/11/2019	N/A	0	N/A	3 years of experience conducting OED surveys	3 years of experience conducting OED surveys	No	N/A
N/A	0	N/A	0	5/19/2019	N/A	0	N/A	Inspected 22 Section 8.1 Surveys	3 years of experience conducting OED surveys	No	N/A



## ATTACHMENT 2: CERTIFICATION BY RESPONSIBLE OFFICIAL

**Responsible Official**

Name: (Last) Peters (First) Brian (MI) \_\_\_\_\_

Title: Vice President - Engineering and Construction

Street or P.O. Box: 1331 Seventeenth Street, Suite 1100

City Denver State CO ZIP 80202

Telephone (720) 330 - 8269 Ext. \_\_\_\_\_ Facsimile (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Certification of Truth, Accuracy and Completeness**

(to be signed by the responsible official)

I certify under penalty of law, based on information and belief formed after reasonable inquiry, the statements and information contained in these documents are true, accurate and complete. (b) (6)

Name (signed) \_\_\_\_\_

Name (typed) Brian Peters Date: 9 / 9 / 2019